

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em;">09781823</div>	FILING DATE <div style="font-size: 1.2em;">02/12/01</div>		APPLICANT(S)					
CLAIMS															
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1						51								
2		1					52								
3							53								
4		1					54								
5							55								
6		1					56								
7							57								
8		1					58								
9							59								
10		1					60								
11	1						61								
12							62								
13		1					63								
14							64								
15	1						65								
16		1					66								
17							67								
18		1					68								
19	1						69								
20		1					70								
21							71								
22		1					72								
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38							88								
39							89								
40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	5						TOTAL IND.								
TOTAL DEP.	17						TOTAL DEP.								
TOTAL CLAIMS	22						TOTAL CLAIMS								